

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	
O.I.P.E. CLASSIFIER		59	8/6
FORMALITY REVIEW	<i>[Signature]</i>	TC 135	9-14-00
RESPONSE FORMALITY REVIEW		706008	3/20/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	8/10/01
2	13/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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